

MONTHLY EMPLOYMENT REPORT AMERICAN RECOVERY AND REINVESTMENT ACT

1. Report Month: (mm/yyyy)		2. Contracting Agency	
3. Federal-Aid Project Number		4. State Project Number or ID Number	5. Project Location: State, County or Federal Region
6. CONTRACTOR NAME AND ADDRESS			
Name: _____ Address: _____ City: _____ State: _____ Zip: _____			
7. Contractor/Subcontractor DUNS Number:			

8. Employment Data

	EMPLOYEES	HOURS	PAYROLL
Prime Contractor Direct, On-Project Jobs (see guidance for definitions)			
Subcontractor Direct, On-Project Jobs			
Subcontractor Name			
Prime and Subcontractor Totals	0	0	0.00

9. PREPARED BY CEO or Payroll Official:		DATE:
Name:		
Title:		